FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT # N94000003856 (1)

BILLY BURKE INTERNATIONAL HEALING OUTREACH, INC.

Principal Plac	e of Business	Mailing Address		
12423 - 62 ST. NORTH SUITE 102 - LARGO FL 34643		P.O. BOX 25441 SUITE 402 TAMPA FL 33623 US		3. Date Incorporated or Qualified 08/03/1994 4. FEI Number Applied For
				59-3257450 Not Applicable
2. Principal Place of Business 2a. Mailing Address 21			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22 403 27			<u> </u>	Trust Fund Contribution Added to Fees
City & State City & State			7. Is this nonprofit corporation a homeowners association?	
Zin	Country		Country	This corporation owes or has paid the current year intangible
24 33	773 25		ю]	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Registered Agent
BURNE WELLAND			81 Name	
BURKE, WILLIAM C 12423 - 62ND STREET NORTH			82 Street A	Address (P.O. Box Number is Not Acceptable)
SUITE 402			83 /	103
LARGO FL 34649—			84 City	les Zin Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes in			the above parred	FL 33443
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered agei	and title if applicable (NOTE	Registered Agent signature	required when reinstaling) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST BURKE, WILLIAM C	☐ DELETE	1.1 TITLE	Change
NAME STREET ADDRESS	44.44 44.45 ATTEMPT 14.45 ATTEMPT 14.45		1.2 NAME 1.3 STREET ADORESS	#403
CITY-ST-ZIP	LARGO FL 34649	, voite ave	1.4 CITY-ST-ZIP	3 377 3
TITLE	Ď	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Leair, Karissa e		2.2 NAME	#403
STREET ADORESS			2:3 STREET ADDRESS	33713
CITY-ST-ZIP	LARGO FL 34643	☐ DELETE	2. 4 CITY-ST-ZIP	
TITLE	d Prettiman, Thelma M	☐ DETEIR	3.1 TITLE 3.2 NAME	Change Addition
STREET ADORESS	% 12423 - 62ND STREET NOF	TH SHITE 400	3.3 STREET ADDRESS	#403
CITY-ST-ZIP	LARGO FL 34643	111, OGIIC 30L	3.4. CITY-ST-ZIP	33 <i>71</i> 3
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADORESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		T beleve	4.4 CiTY-ST-ZIP	Date:
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or oh an attachment with an address.

STREET ADDRESS

William C. Burke 4-24-98

FILED

Apr 30 1998 8:00am

Secretary of State

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